

FISCAL NOTE

SB 2267 - HB 2310

April 1, 2004

SUMMARY OF BILL: Requires a health maintenance organization to respond in writing to a provider when denying a claim. The provider may send a written request for reconsideration to the HMO within 60 days and the HMO must respond within 60 days. The provider may then file a written request for an independent review. The reviewer is to render a decision within 60 days of receipt of the claim.


ESTIMATED FISCAL IMPACT:

Increase State Expenditures - Not Significant

Assumes there will be some increased cost because providers can only utilize written requests for a review. Currently electronic means can also be used. Assumes that the number of requests for independent reviews will increase but the impact on the Department of Commerce and Insurance is estimated to be not significant.

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.

A handwritten signature in cursive script, appearing to read "James W. White".

James W. White, Executive Director